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ABSTRACT

This study tracked parental stress among 115 mothers of infants and toddlers with disabilities to evaluate patterns of stability and change in parental adaptation during the early childhood period. Parents were given the Parenting Stress Index three times: upon entry into an early intervention program, 1 year later, and when the child reached age 3. Overall, stability in maternal adaptation was found more commonly than dramatic change. Other measures given included the Family Environment Scale and the Child Behavior Checklist. The study also looked at maternal depression and maternal stress associated with a sense of competence as a parent. Although the study did not find more overall depression or feelings of incompetence in these mothers, five factors affecting parental adaptation were identified: (1) family income, (2) significant negative life events that were not (presumably) related to the child, (3) the perceived helpfulness of the support received by the mother, (4) the extent to which the mother viewed her family as a cohesive supportive unit, and (5) the level of the child's behavior problems. Overall, 31 percent of the variance in maternal depression scores and 35 percent of variance in maternal sense of competence were explained by the five variables used in the analysis. The largest single contributing factor to variance was child behavior problems. (Contains 5 tables.) (DB)

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STABILITY AND CHANGE IN THE ADAPTATION OF FAMILIES OF CHILDREN WITH DISABILITIES

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STABILITY AND CHANGE IN THE ADAPTATION OF FAMILIES

OF CHILDREN WITH DISABILITIES

One goal of our study has been to understand the extent to which patterns of parental adaptation are characterized by stability or change during the early childhood period. We have also focused on understanding factors that contribute to or buffer parents from adaptational difficulties. Parental stress has been used as an indicator of adaptation in research and clinical settings for decades. We have tracked parental stress for our sample of families, using the Parenting Stress Index. This measure is a fairly commonly used instrument among families with and without atypically developing children. It yields scores for two broad domains, namely parenting stress, defined as the stress associated with personal impacts of being a parent, and child-related stress, defined as stress associated with the child's temperamental and behavioral characteristics.

Issue 1: Stability and Change in Parental Adaptation

We now have collected PSI data from 115 families over three measurement points--upon entry into EI (Time 1), one year later (T2), and around the child's graduation from EI at age 3 (T3). (SLIDE 1). As shown on the first slide, the average scores for parenting stress have not changed significantly over these three measurement periods. At T1, the average score was 118; at T2, it was 119; and at T3 it was 121. Further, as shown on SLIDE 2, the average scores for child-related stress are also fairly stable over these three measurement periods. At T1, the average score was 100;

at T2, it was 103; and at T3, it was 105. Thus, we conclude that stability in maternal adaptation is more common than dramatic change during the early childhood period-- at least as far as parenting and child-related stress are concerned.

It is also useful, however, to examine specific aspects of parenting stress. For today's discussion, I'll focus on two indicators of how the mothers, as individuals and as parents, are doing. These indicators are: (1) maternal depression and (2) stress associated with a sense of competence as a parent. The reasoning is as follows. There is a great deal of research that investigates the effect of maternal well-being on the social, emotional, and cognitive development of children with disabilities. There is also a growing interest in the factors that contribute to the well-being of mothers who have experienced the dramatic event of being a parent for a child with substantial disabilities.

The two outcomes selected for today's session were chosen because they represent salient issues for mothers. Specifically, there is a great deal of literature which suggests that depressive feelings plague mothers (in particular) of children with developmental problems. Relatedly, one of the major challenges facing mothers of children with disabilities is to develop a sense of competence as a parent. Feeling comfortable with one's parenting instincts is a developmental task for most parents; for parents of children with disabilities, there are few guidelines that can reassure them that their instincts and parenting strategies are correct or effective. After three years of

parenting, and after a presumably significant experience as a recipient of early intervention services, stress related to feelings of incompetence as a parent should be a succinct marker of parental well-being. As one would expect, scores on these two outcomes were statistically correlated ($r=.65$, $p<.001$). However, we have found important differences in the factors affecting depression and sense of incompetence.

I should note that the mean scores for both depression [x=19.7 for EICS sample vs. 20.4 for stand. sample] and stress related to parenting competence [x=28.7 for EICS sample vs 29.2 for stand. sample] are comparable to the mean scores for the standardization sample of the PSI. That is to say, as a group, the mothers in this sample were no more stressed by feelings of depression or incompetence as parents than mothers of comparably aged children without disabilities. There is, however, variability in the measured amount of stress among mothers, so our focus is on factors associated with more or less parenting stress among mothers of three year old children with disabilities.

Issue 2: Factors Affecting Parental Adaptation

For today's session, we have focused on the role of 5 specific factors: (1) family income, (2) significant negative life events that are not (presumably) related to the child, (3) the perceived helpfulness of the support received by the mother, (4) the extent to which the mother views her family as a cohesive, supportive unit, and (5) the level of the child's behavior problems. As Jack has just described, we have found that child behavior problems are

affected by the level of family cohesion. Thus, the analyses on parenting stress enable us to extend our focus on the interrelationships among different domains of family life and the children within the families as they affect parenting well-being.

Thus, these five factors reflect our interest in understanding the effects of normative stressors--such as differences in income and negative life events, the effects of different spheres of support--such as from natural support networks and the family's emotional climate, and the effects of what may be emerging as a significant characteristic for some children with disabilities--namely behavior problems that are manifest around the age of 3 years.

As Jack noted earlier, there is considerable variability in the financial resources of the families used in these analyses. Let me also say a word about negative life events. We examined the incidence of 11 negative events during the year prior to the child's third birthday. As shown on SLIDE 3, nearly half (47%) of the sample had experienced at least one negative event. The most common were related to financial issues (such as decreases in income or going into debt) or to experiencing a death in the family. Other types of events--such as legal problems, separation or divorce--were experienced by almost 10% of the sample.

Our measure of helpfulness of social support is based on the sum of the ratings of helpfulness, using a 5 point scale, for 16 potential sources of support [x=10.1 sources of support]. On average, mothers rated their sources of support as between

moderately and quite helpful.

Our measure of family cohesiveness was derived from the Family Environment Scale, a 90 item self-administered instrument that measures 10 dimensions of the family environment [x=7.4 for cohesion subscale].

We also examined an important child-related stress--namely, the extent of child behavior problems, as measured by the externalizing score on the Child Behavior Checklist. While there was a broad range in the T-scores on this subscale [from 28 to 73], only one child had a T-score above 70, the cut-off indicating clinically significant levels of behavior problems. I should note that in preliminary analyses, we examined the relation between the severity of the child's psychomotor disability, as measured by the Bayley Scales or the McCarthy Scales, and found no significant relation between the severity of impairment and parenting stress.

In order to examine the effect of these 5 factors on maternal depression and sense of incompetence, we conducted hierarchical regression analyses. SLIDE 4 presents the results for the analysis of maternal depression as measured around the time of the child's third birthday. Overall, 31% of the variance in maternal depression scores was explained by the five variables used in the analysis. The largest single contributor to the explained variance was family cohesion, which added 11% unique variance, after the influence of family income, negative life events and satisfaction with support were taken into account. However, even after these

well-acknowledged sources of stress were accounted for, child behavior problems accounted for an additional 8% of the variance in maternal depression.

With respect to sense of competence (SLIDE 5), 35% of the variance was explained by the 5 variables. Interestingly, all five variables added significantly to the explained variance. The largest incremental increase, however, was attributable to the influence of child behavior problems, which added 11% unique variance after all the other sources of stress were entered into the equation.

Conclusions

Let me summarize what we perceive to be the important findings from these analyses. First, it is becoming increasingly untenable to assert that most or even many families of children with disabilities are at high risk for negative or pathological outcomes. Our results indicate that, in general, mothers were not experiencing parental depression or stress associated with their parenting skills at levels that are atypical of mothers of children without disabilities. Granted, pockets of negatively affected mothers exist, and we have found elsewhere that percentage may increase as the children age. However, the long dominant image of most mothers falling apart and remaining emotionally fragile does not seem substantiated.

Second, for families of young children with disabilities, there are many other sources of stress besides the child with a disability. It is easy to define a family by the most visible

"problem" it has and to forget that these families also experience disruptive changes in family income, stress on the job, deaths of family members, etc. For most families of young children, this stage of the family life cycle is marked by change, not stability, in life circumstances. Parental careers are being developed, changes in family finances can occur precipitously, new members are being born, etc. Our models of family adaptation need to be cognizant of the multiple and varied changes and stressors that most families in this stage of life experience.

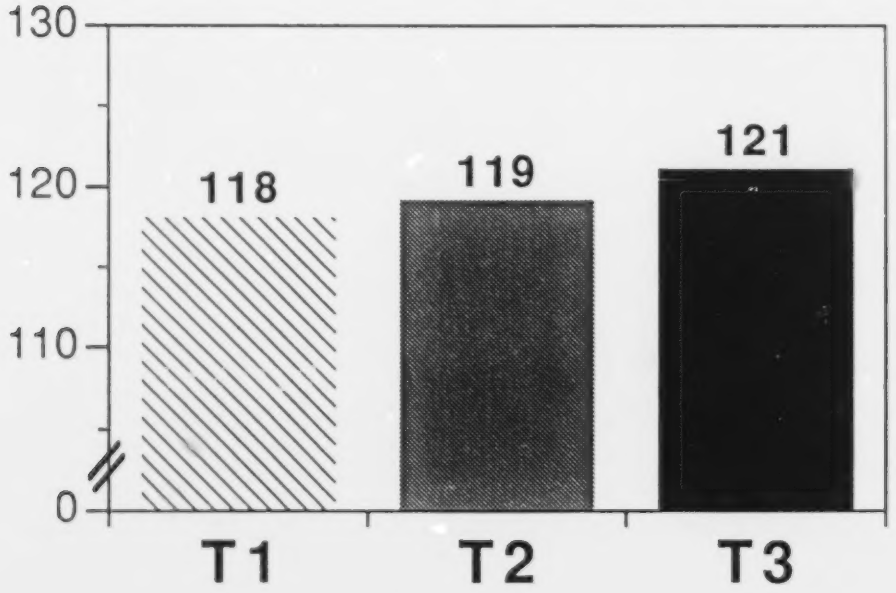
Third, as behavior problems in young children become manifest, there is an increased risk of greater stress for mothers. Interestingly, the severity of the child's cognitive impairments is not a factor in parenting stress. Rather, children with more intense behavior problems, even among a sample which doesn't manifest clinically significant levels of behavior problems, present increasing difficulties for their mothers.

Fourth, while both the family environment and feelings of being supported by one's informal network are consistent predictors of maternal well-being, there were subtle differences in the role that each sphere of support exerted. Depression in mothers was much more strongly predicted by the cohesiveness of the family environment than by their satisfaction with social support. For maternal stress associated with feelings of parenting competence, every factor examined contributed significantly to the explained variance. It appears that perceiving one's family as cohesive provides a critical zone of safety for mothers. Too often the

needs of the child may seem the most important issue--to parents and to service providers. It is clear from these analyses that sustaining and enhancing high quality family environments should be a priority.

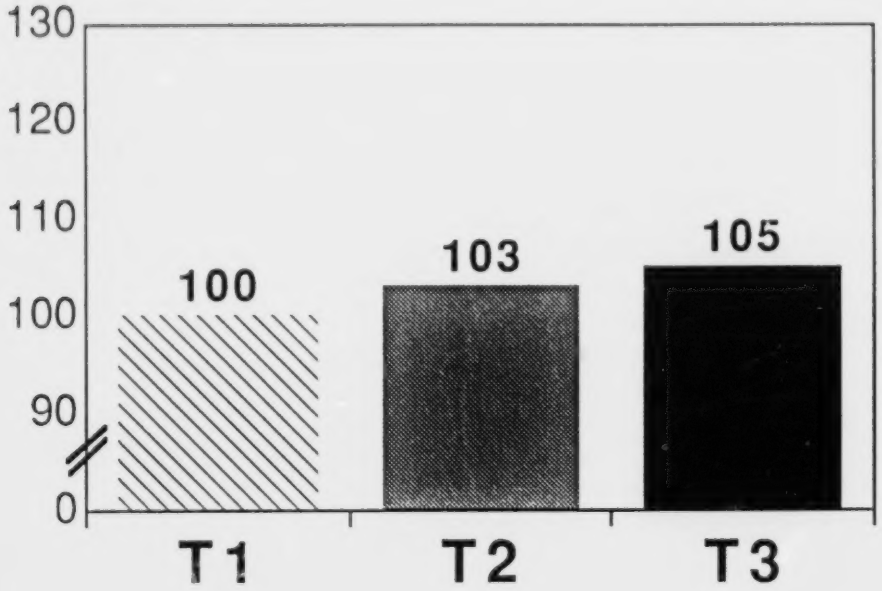
SLIDE 1

Parenting Stress Scores
(n = 115)



SLIDE 2

Child-Related Stress
(n = 115)



Life Events

Decrease in income	18 %
Went into debt	17 %
Death in the family	14 %
Legal problems	9 %
Other relative moved in	9 %
Separation	9 %
Divorce	5 %
Alcohol / Drug	5 %

47% experienced at least one event

Regression Analysis of Maternal Depression

	R^2 Change	Beta
Income	.03	.036
Life Events	.06**	.138
Helpfulness of support	.02	-.038
Family cohesion	.11***	-.300**
Child behavior problems	.08***	.325***
TOTAL R^2	.31	

** p < .01

*** p < .001

Regression Analysis of Stress Related to Sense of Competence

	R^2 Change	Beta
Income	.08**	-.085
Life Events	.05*	.092
Helpfulness of support	.05*	-.152
Family cohesion	.06**	-.194*
Child behavior problems	.11***	.371***
TOTAL R^2	.35	

* p < .05
** p < .01
*** p < .001